



Complete Summary

TITLE

Cervical cancer screening: percentage of women 21 to 64 years of age who received one or more Pap tests during the measurement year or the two years prior to the measurement year.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 417 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of women 21 through 64 years of age who received one or more Pap tests during the measurement year or the two years prior to the measurement year.

Note from the National Quality Measures Clearinghouse (NQMC): For this measure, there are both Administrative and Hybrid Specifications. This NQMC measure summary is based on the Administrative Specification. Refer to the original measure documentation for details pertaining to the Hybrid Specification.

RATIONALE

Cervical cancer is the second most common cancer worldwide and the third leading cause of cancer-related deaths. Although rates of cervical cancer in the U.S. have decreased, it remains the tenth leading cause of cancer in females. Most cervical cancer deaths could have been eliminated with timely and effective screening and treatment. Cervical cancer is a successfully preventable and treatable cancer and can usually be found through regular pap tests.

Cervical cancer can be detected in its early stages by regular screening using a Pap test. A number of organizations, including the American College of Obstetricians and Gynecologists, the American Medical Association and the American Cancer Society, recommend Pap testing every one to three years for all women who have been sexually active or who are over 21.

PRIMARY CLINICAL COMPONENT

Cervical cancer; screening; Papanicolaou (Pap) smear

DENOMINATOR DESCRIPTION

Women 24 through 64 years of age as of December 31 of the measurement year (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

NUMERATOR DESCRIPTION

One or more Pap tests during the measurement year or the two years prior to the measurement year (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2009. Washington (DC): National Committee for Quality Assurance (NCQA); 2009. 127 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age 21 through 64 years

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Between 60 to 80 percent of women that have been newly diagnosed with cervical cancer have not had a Pap test in the last five years.

See also the "Rationale" field.

EVIDENCE FOR INCIDENCE/PREVALENCE

American Cancer Society. Overview: cervical cancer. [internet]. Atlanta (GA): American Cancer Society, Inc.; 2008 Mar[accessed 2009 Mar 10].

ASSOCIATION WITH VULNERABLE POPULATIONS

Cervical cancer mortality increases with age. Racial disparities are also present. Although the mortality rate is decreasing faster for black women than white women, black women under 65 have a 40 percent higher cervical cancer mortality rate than white women of the same age. In women over age 65, cervical cancer mortality rates in black women are more than two and a half times those of white women.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Myers E, Huh WK, Wright JD, Smith JS. The current and future role of screening in the era of HPV vaccination. *Gynecol Oncol* 2008 May;109(2 Suppl):S31-9. [75 references] [PubMed](#)

National Cancer Institute. Cervical Cancer Screening (PDQ®): evidence of benefit. [internet]. Bethesda (MD): National Cancer Institute (NCI); 2007 Jun 6[accessed 2007 Nov 27].

BURDEN OF ILLNESS

Cervical cancer has a five-year survival rate of more than 90 percent when the cancer is localized, but only 13 percent once the cancer has spread throughout the body.

See also the "Rationale" field.

EVIDENCE FOR BURDEN OF ILLNESS

U.S. Preventive Services Task Force (USPSTF). Screening for cervical cancer: recommendations and rationale. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2003 Jan 22. 21 p. [32 references]

UTILIZATION

Unspecified

COSTS

The cost of treating cervical cancer is \$300 to \$400 million annually.

EVIDENCE FOR COSTS

Myers E, Huh WK, Wright JD, Smith JS. The current and future role of screening in the era of HPV vaccination. Gynecol Oncol 2008 May;109(2 Suppl):S31-9. [75 references] [PubMed](#)

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Women 24 through 64 years of age as of December 31 of the measurement year who were continuously enrolled during the measurement year (Medicaid and commercial) and the two years prior to the measurement year (commercial) with no more than one gap in enrollment of up to 45 days during each year of continuous enrollment (commercial) or with not more than a one-month gap in coverage (Medicaid)

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Women 24 through 64 years of age as of December 31 of the measurement year

Exclusions

Exclude women who had a hysterectomy with no residual cervix. Look as far back as possible in the member's history for evidence of hysterectomy through December 31 of the measurement year. Refer to Table CCS-B in the original measure documentation for codes to identify exclusions for a hysterectomy.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS**Inclusions**

One or more Pap tests during the measurement year or the two years prior to the measurement year. A woman had a Pap test if a submitted claim/encounter contains any one of the codes listed in Table CCS-A of the original measure documentation to identify cervical cancer screening.

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure**SCORING**

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for commercial and Medicaid product lines.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties**EXTENT OF MEASURE TESTING**

Unspecified

Identifying Information**ORIGINAL TITLE**

Cervical cancer screening (CCS).

MEASURE COLLECTION

[HEDIS® 2010: Health Plan Employer Data and Information Set](#)

MEASURE SET NAME

[Effectiveness of Care](#)

MEASURE SUBSET NAME

[Prevention and Screening](#)

DEVELOPER

National Committee for Quality Assurance

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1996 Jan

REVISION DATE

2009 Jul

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS® 2009. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 417 p.

MEASURE AVAILABILITY

The individual measure, "Cervical Cancer Screening (CCS)," is published in "HEDIS® 2010. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2009. Washington (DC): National Committee for Quality Assurance (NCQA); 2009. 127 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on July 18, 2003. The information was verified by the measure developer on October 24, 2003. This NQMC summary was updated by ECRI on June 16, 2006. The information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on November 15, 2007. The information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on March 6, 2009. The information was verified by the measure developer on May 29, 2009. This NQMC summary was updated again by ECRI Institute on January 15, 2010.

COPYRIGHT STATEMENT

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to *HEDIS Volume 2: Technical Specifications*, available from the NCQA Web site at www.ncqa.org.

Disclaimer

NQMC DISCLAIMER

The National Quality Measures Clearinghouse™ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria which may be found at <http://www.qualitymeasures.ahrq.gov/about/inclusion.aspx>.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. The inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.

[Copyright/Permission Requests](#)

Date Modified: 5/24/2010

